STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345331	A. BUILDING _____ B. WING _____	C 07/09/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SARDIS OAKS	5151 SARDIS ROAD CHARLOTTE, NC 28270

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments An unannounced recertification and complaint survey was conducted on July 5, 2021 - July 9, 2021. The facility was found in compliance with the requirements CFR, 483.73, Emergency Preparedness. Event ID C35E11.	E 000		
F 000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from July 5, 2021 through July 9, 2021. 7 of the 7 complaint allegations were not substantiated. Event ID # C35E11.	F 000		
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility failed to serve potentially hazardous foods (sliced	F 812	DISCLAIMER: Preparation and/or execution of this Plan	8/2/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 07/30/2021

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F 812	Continued From page 1 strawberries, sliced melon and cottage cheese) at 41 degrees Fahrenheit (F) or below to 4 of 4 residents (Resident #37, #44, #58 and #122) and failed to label and date foods in the freezer in 1 of 2 nourishment rooms. The findings included: 1. An observation of the lunch meal tray line occurred on 07/09/21 at 11:53 AM and revealed a tray stored outside of refrigeration which contained the following: - A plate of fresh sliced melon - A cup of fresh sliced strawberries - Three individual cups of cottage cheese These items were placed on meal trays for delivery to Resident #37 (sliced melon), Resident #58 (sliced strawberries) and Residents #122 and #44 (cottage cheese). Temperature monitoring, requested by the surveyor, occurred by the Food Service Director (FSD) on 07/09/21 at 12:13 PM and revealed the following temperatures: - Sliced melon - 44.6 degrees F - Sliced strawberries - 50 degrees F - Cottage cheese - 45 degrees F An interview was conducted on 07/09/21 at 12:15 PM with the FSD. He stated that potentially hazardous cold foods should be served 41 degrees F or less. He further stated that cold items should be left in refrigeration until served. An interview with the Administrator occurred on 07/09/21 at 1:41 PM. He stated that he expected dietary staff to serve cold foods 41 degrees F or below and if the temperature of cold foods was	F 812	of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal and State law. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice; Resident #37, #44, #58, #122 were served fruit and cottage cheese above 41 degrees. Subsequent trays for these residents were served at the proper cold food temperature. Address how the facility will identify other residents having the potential to be affected by the same deficient practice. All dietary staff will be inserviced by the facility Dietary General Manager on ensuring items in the nourishment room refrigerator/freezer are labeled and dated. Training will also include ensuring proper cold food temperature of items being served. Any staff members who do not receive the training by 8/2/21 (due to FMLA, leave, etc.) will be required to complete training prior to working a scheduled shift. This education will continue to be required annually and during new hire orientation. Address what measures will be put into	

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F 812	Continued From page 2 noted to exceed 41 degrees F, the cold item should be discarded. 2. An observation of the freezer in the 100-hall nourishment room occurred on 07/06/21 at 12:03 PM. A follow up observation occurred on 07/09/21 at 1:00 PM with the Food Service Director (FSD). Both observations revealed the following: a. An unlabeled, undated, opened box of ice cream crunch bars b. An unlabeled, undated, opened box of assorted popsicles (cherry, grape, orange) c. An unlabeled, undated, opened box of 100% beef corn dogs An interview was conducted on 07/09/21 at 1:00 PM with the FSD. He stated that dietary staff were responsible for labeling/dating foods stored in refrigeration in the nourishment rooms and that monitoring occurred daily. The FSD further stated these items were missed. An interview with the Administrator occurred on 07/09/21 at 1:41 PM. He stated that he expected all foods stored in refrigeration units in the nourishment rooms to be labeled and dated.	F 812	place or systemic changes made to ensure that the deficient practice will not recur. Beginning 7/26/21, the facility Dietary General Manager or designee will utilize a new checklist to check the refrigerator/freezer in the two nourishment rooms during morning rounding. Weekend checks will be conducted by the facility Dietary Supervisor or designee. Beginning 8/2/21, a new protocol will be implemented to check the temperature of the fruit and cottage cheese during the line check before trays leave the kitchen. The new protocol includes taking a sample temperature of the fruit and cottage cheese that is on a fruit plate and documenting on the temperature log. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. The plan must be implemented, and the corrective action evaluated for its effectiveness. The POC is integrated into the quality assurance system of the facility. Beginning 8/2/21, the District General Manager for LTC or designee will conduct a weekly audit to ensure items in the nourishment room refrigerator/freezer are labeled and dated and cold food is at the proper temperature prior to trays leaving the kitchen. Logs will be reviewed and validated three times a week for the first month, two times a week for the second	

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F 812	Continued From page 3	F 812	month, and then once a week for the third month. Any identified issues will be corrected at that time. Results of the monitoring will be shared with the Administrator and Director of Nursing on a weekly basis and with QAPI quarterly for a period of 90 days. After 90 days, the frequency of monitoring will be determined by the QAPI Committee. POC Completion Date: 8/2/21	